Editorials and Association Notes

The Manitoba Medical Review

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Rule of Thumb for Sulfanilamide Compounds

Pneumonia: After sputum specimen obtained (if necessary by a smear from droplets coughed on to a laryngeal mirror held in the throat) give Sulfathiazol 3 gms. followed by 1 gm. O.H. IV. till temperature has been normal for 72 hours. Then reduce dose.

Meningitis: Sulfapyridine 3 gms. followed by 1 gm. O.H. IV. till temperature has been normal for 72 hours. Then reduce dose.

Gonorrhoea: Sulfathazol 1 gm. t.i.d. p.c. for 5 days.

Streptococcal Infections: Sulfanilamide 3 gms. followed by 1 gm. O.H. IV. In streptococcal otitis media or mastoiditis continue moderate doses for 10 days after a clinical cure has been effected.

Staphlococcal Infection: (Not for boils). (Surgery should be used in conjunction with chemotherapy). Sulfathiazol 4 gms. followed by 1.5 gms. O.H. IV. till infection has ceased spreading. Then 1 gm. O.H. IV. for 1 week. If bacteriaemia present continue moderate doses for a month.

Urinary infection: Sulfathiazol ½ gm. b.d.

Prophylaxis: Traumatic wounds; Compound fractures; Burns — Powdered sulfanilamide 2 gm. locally. Sulfanilamide orally 1 gm. t.i.d. Quiescent rheumatic fever patient — Sulfanilamide ½ gm. t.i.d. Abdominal operations with threatened peritonitis—Sulfathiazol 1 gm. O.H. IV. for 1 week. Urological procedures — Sulfathiozol ½ gm. b.d.

Parenteral Administration: To be used when oral administration is impossible. Sulfanilamide 1% solution in sterile normal saline subcutaneously. Sodium Sulfapyridine and Sodium Sulfathiazol. 5% solution in sterile distilled water intravenously. Do not boil.

Toxic Reactions: Precautions—

1. Patients taking sulfapyridine or sulfathiazol should have enough fluids to produce at least 1,000 ccs. urine per day and thus prevent urinary precipitation with haematuria or calculi.
2. Daily observation re. body aches, jaundiced sclerae, injected conjunctivae, pale conjunctivae, sore throat, rash, drug fever, gross haematuria or anuria. Stop drug and force fluids if any of the above occur.
3. Haemolytic anaemia occurs up to the 5th day. Agranulocytic angina occurs after 2 weeks in 0.2% patients taking sulfanilamide or sulfapyridine. Every patient taking these drugs for over 2 weeks should have a white cell count.

—Adapted from Perrin H. Long,
Can. Med. Ass'n. Jour., March, 1941, p. 217.

Federation of Medical Women of Canada

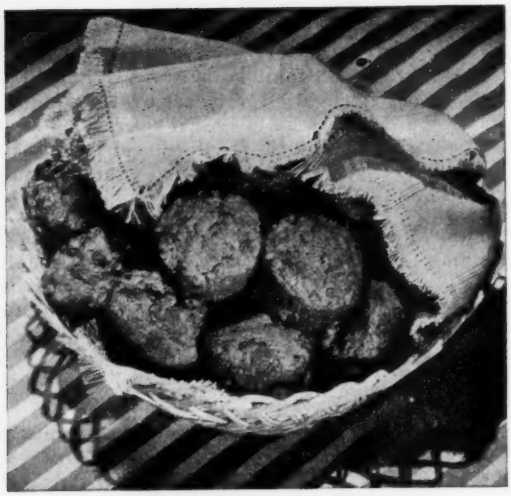
The Annual Meeting of the Federation of Medical Women of Canada will be held Tuesday, June 24th, 1941, at 10 a.m. in the University Women's Club, Winnipeg. Guest speaker to be announced.

Dinner in honor of visiting medical women has been arranged Thursday, June 26th, 1941, at the Manitoba Club.

Unified Registration

The Council of The College of Physicians and Surgeons of Manitoba wishes to thank the doctors of this Province for the prompt and cordial support in their replies to the information asked for, regarding a resolution proposing a unified single registration for the Dominion of Canada.

W. G. CAMPBELL,
Registrar.



This May Help in TREATING CONSTIPATION

Physicians recognize constipation is often due to lack of "bulk"-forming foods in the diet . . . and many have wanted just such a food they could use with assurance.

KELLOGG'S ALL-BRAN, eaten regularly, has been shown to be effective. According to experiments, ALL-BRAN acts on the contents of the colon . . . not the colon itself. And while ALL-BRAN itself is not "bulk", it is a "bulk"-forming food . . . a crisp cereal that is truly good to eat. (ALL-BRAN is also delicious in crunchy muffins.)

If you would like to have two reprints of authoritative articles on bran and constipation (from the American Journal of Digestive Diseases and the Journal of the American Medical Association), write Box A, Kellogg Company of Canada, Ltd., London, Ontario.

"All-Out" for the Victory Loan 1941

There comes a time in the lives of most men when they come face to face with reality and cannot dodge it. Such a time has arrived for every man and woman in Canada who has a sum of money over and above that needed for ordinary expenditures.

There are few Canadians who do not treasure money, either for the protection it affords the individual against unforeseen calamity or for the value it represents in terms of goods which it will buy. Some treasure money because it is the concrete result of years of hard work. Others are reluctant to part with money because to them it is a sheltering arm around the family.

Now, however, Canadians are faced with the realization that no matter how highly they regard their personal cash reserves, *they must loan it in order to keep it.*

The battle against Germany can be viewed in part as a battle in behalf of Canadian cash in hand. Let Germany win, and assets of Canadians will dry up almost to the vanishing point.

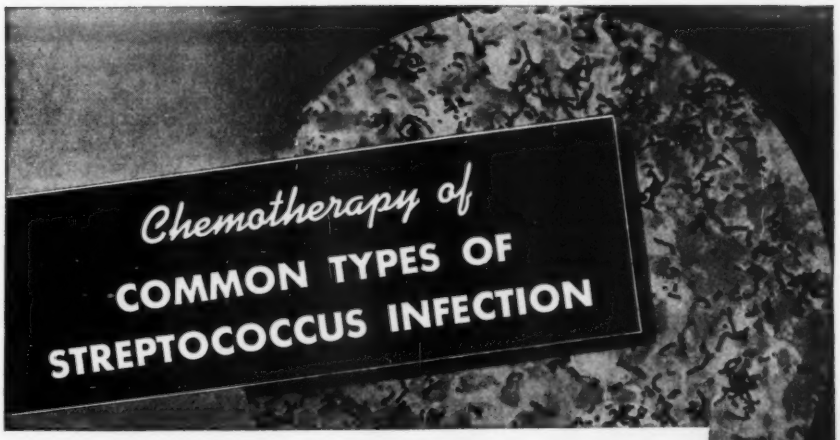
Great Britain, Australia, New Zealand, South Africa, India and Canada have been left alone to fight the Nazi monster. The challenge, undoubtedly the most stupendous in world history, demands the active help of every Canadian. *Those with money, be it fifty dollars or two hundred and fifty thousand dollars, must loan their cash to the Government if Canada is to carry on with her present share in the big battle.*

The man or woman who shrugs his or her shoulder and deliberately attempts to duck from under the responsibility of each individual in this time of national crisis will earn the contempt of his fellow citizens.

OBITUARY

CAPT. JAMES WENDELL KIPPEN

Capt. James Wendell Kippen, R.C.A.M.C., 25, was reported missing on May 6th following the sinking of a British ship due to enemy action. A son of Dr. and Mrs. Robert D. Kippen, he was born in Newdale, received his early education there, and his medical education in the University of Manitoba at Winnipeg, graduating in 1939. During his final year he was President of the Manitoba Medical Students Association and senior stick. Following graduation he served one year as senior interne in the Winnipeg General Hospital and then enlisted in the Royal Canadian Army Medical Corps. He was proceeding overseas as Medical Officer in an artillery unit when the disaster occurred. Possessed of great vigour and endowed with a vital personality, he was a young man of great promise and already had a wide circle of friends.



• The remarkable achievements of antibacterial chemotherapy may be credited largely to the general practitioners of medicine, for by them are treated effectively most of the infections that are initially mild but potentially dangerous. These include septic sore throat, otitis media, sinusitis, postpartum infections, complications of trauma, erysipelas and urinary infections.

The treatment of most streptococcus infections in their early stages is relatively simple and assured, for satisfactory therapeutic response may usually be expected from properly graded doses of the sulfonamide compounds.

Well tolerated—by mouth and by injection

It has been repeatedly reported by American clinicians of wide experience that Neoprontosil is definitely less toxic than sulfanilamide. An additional practical advantage is that Neoprontosil may be administered not only orally but also parenterally in comparatively high concentrations.

Physicians are requested to write for a pamphlet presenting detailed discussions regarding the pharmacology, indications and side effects.

WINTHROP

5 GRAIN TABLETS for ORAL USE

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AMPULES and BOTTLES for INJECTION

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Trademark Reg. U. S. Pat. Off. & Canada

Brand of AZOSULFAMIDE

Disodium 4-sulfamido-phenyl-2-azo-7-acetylamino-1-hydroxynaphthalene 3,6-disulfonate

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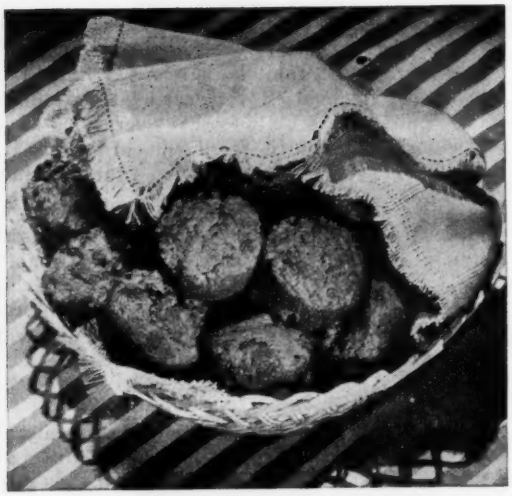

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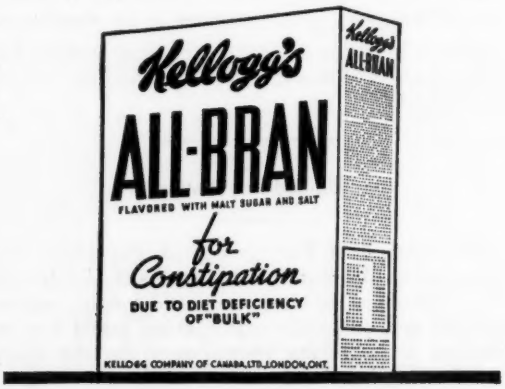

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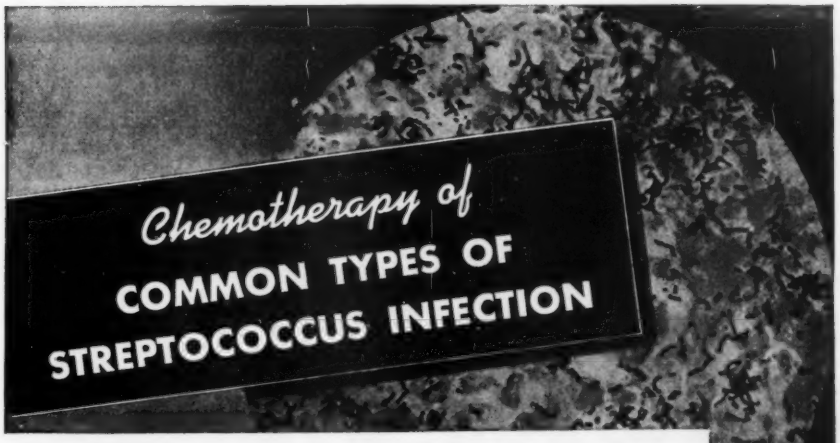

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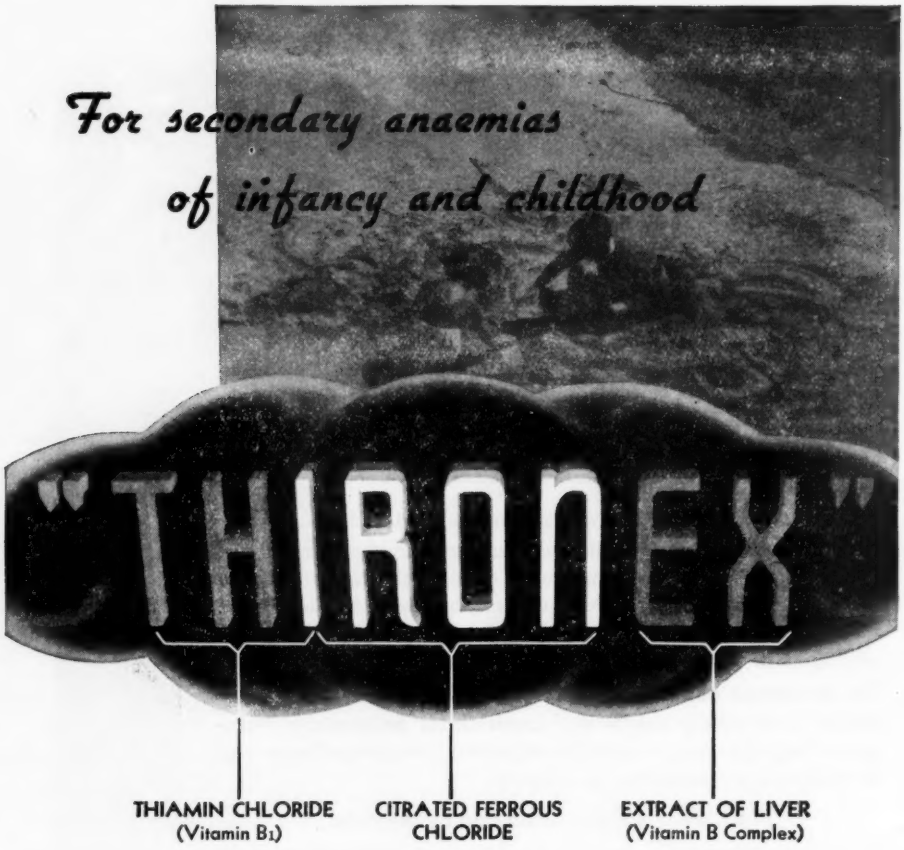

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Copper Sulphate - - - 0.1 grain (Cu: 0.04 grain)
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Supplemented by:
Vitamin B1 - - - - - 275 International Units
Riboflavin - - - - - - - - 100 gamma
Nicotinic Acid - - - - - - - - - 5 mg.
Vitamin B6, Filtrate and Haematopoietic Factors are supplied in the liver extract content.

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Department of Health and Public Welfare

Industrial Hygiene

The following information has been prepared by the Division of Industrial Hygiene of the Department of Pensions and National Health, Ottawa, for the information of employers and employees, and as the articles hereinafter quoted contain advice regarding prevention and treatment the Department of Health and Public Welfare believe they will prove of real interest to the practising profession throughout the province. This is particularly so in view of the increased industrial development throughout Manitoba.

Nitrous Fume Poisoning

"Nitrous fumes are a violently poisonous mixture of yellow, brown and brownish-red gases. Even though the fumes have an unpleasant irritating odour, breathing of them can be tolerated. The fumes are much heavier than air and, therefore, in a badly ventilated space, may collect at floor level.

"The composition of the fumes will depend upon the processes by which they are developed and in certain processes the nitrous fumes evolved may be of an explosive, as well as a poisonous, nature. The fumes arise when nitric acid is exposed to air and when this acid comes into contact with organic matter such as wood, paper, etc. Nitrous fumes are also evolved when nitric acid comes into contact with metals. Among further sources of nitrous fumes are electric arcs and explosions.

In Industry

"The following types of workers are most likely to be exposed to the danger of nitrous fume poisoning:

1. Aniline makers
2. Arc welders
3. Artificial leather workers
4. Blasters—(dynamite—mining—tunnelling)
5. Bleachers
6. Calico printers
7. Chemists and chemical workers
8. Collodion makers
9. Damascening workers
10. Dye makers
11. Electro platers
12. Etchers
13. Explosive workers
14. Galvanizers
15. Hat workers
16. Metal cleaners
17. Metal refiners
18. Mercury fulminate workers
19. Miners
20. Mixed acids handlers
21. Moving picture operators
22. Nitrators
23. Nitric acid workers
24. Nitrobenzene makers
25. Nitrocellulose makers
26. Nitroglycerine makers
27. Nitrous acid workers
28. Photo engravers
29. Picklers (metals)
30. Picric acid makers
31. Pyroxylin plastic workers
32. Sulphuric acid workers (Chambers Process)
33. Synthetic ammonia workers (Haber Process)
34. Tetryl makers
35. Tetra-nitro-aniline makers
36. Torch cutters (metals)
37. Tunnellers
38. Welders

Poisoning by Nitrous Fumes

"Poisoning by nitrous fumes occurs as a result of breathing the fumes. When the fumes are allowed to escape, air currents carry them through the atmosphere which is being breathed. These fumes have an irritating effect upon the breathing passages and the lungs and seriously damage the tissues of these organs. In addition the fumes may be absorbed into the blood stream through the lungs, and poison the whole body. It must be remembered that some individuals are more easily poisoned than others and that workers who feel that they have become accustomed to the fumes are not immune from poisoning.

Acute Poisoning

"Since breathing of nitrous fumes can frequently be tolerated without discomfort, a worker may not have any warning that he is being poisoned. However, the symptoms of acute poisoning usually do not develop for some hours after the fumes have been inhaled. In from six to twenty-four hours after inhalation of the fumes the lungs may become congested with fluids. Death may result a few hours after the worker realizes, by his symptoms, that something is wrong.

"It must be stressed that an individual who has been affected by an exposure may lose the preliminary symptom of violent, spasmodic cough when removed from the exposure and may seem to be normal for some hours before the serious bronchial and lung conditions begin to appear. **Consequently, workers developing a violent cough on exposure must be removed at once and placed at rest and under observation.**

Chronic Poisoning

"Chronic poisoning by nitrous fumes occurs as a result of continued daily breathing of air containing small quantities of the fumes. The fumes absorbed in this way cause injury to the breathing passages and the lungs with the result that the worker may have a chronic cough, headaches, loss of appetite, constipation, corrosion of the teeth and inflammation of the mouth, nostrils and eyes. When a worker notices such signs he should report to a physician at once and should inform the physician of his exposure to nitrous fumes. Cases of nitrous fume poisoning should be reported to the employer and to the Provincial Departments of Health and Labour so that adequate steps may be taken to protect other workers.

"The effects of nitrous fumes on the body are insidious and it cannot be too strongly stressed that even a slight exposure to these fumes may result in death. The fumes may have a delayed action on the body and a worker can feel perfectly well for some hours after the exposure before the serious effects begin to appear.

Treatment

Acute Poisoning

"No matter how slight the exposure to the brownish-red nitrous fumes, precautions should be taken to avoid the effects of poisoning. If the worker suffers from a feeling of oppression in the chest or from a cough after exposure,— (1) The worker should be removed to the open air and kept warm; (2) A physician should be called without delay; (3) If coughing continues and difficulty in breathing occurs, before the arrival of a physician, oxygen should be given; (4) Artificial respiration should be avoided unless breathing has ceased.

Chronic Poisoning

"If a worker suffers from a chronic cough, corrosion of the teeth, inflammation of the mouth, nostrils and eyes, headaches, loss of appetite and constipation a physician should be consulted without delay.

Prevention

Responsibility of the Employer

"1. To isolate processes evolving nitrous fumes and to insure that such processes are carried out in closed vessels, wherever practicable.

"2. To remove nitrous fumes by exhaust ventilation at the point of origin when the material requires to be used in open vessels.

"3. To provide adequate ventilation, in addition to exhaust hoods, for all workrooms in which nitrous fumes may be encountered.

"4. To insure that ventilation equipment is operating satisfactorily by having workroom air tested for nitrogen dioxide routinely. Ten parts of nitrogen dioxide per million parts of air (by volume) is now considered the maximum safe concentration.

"5. To insure that no worker may enter a tank or enclosed space until thorough ventilation has been carried out. Persons required to enter tanks or enclosed spaces which have contained nitrous fumes should be protected by a safety-belt and by the presence of another worker on the outside.

"6. To provide protective clothing and goggles for workers required to handle nitric acid.

"7. To insure frequent periodic medical examination of all workers exposed to nitrous fumes. Such examination should be carried out by a physician familiar with nitrous fume poisoning. Health records of nitrous fume workers should be kept **and medical advice as to transfer of an affected worker to more innocuous duties must be acted upon promptly.**

"8. To insure that workers who have been exposed to nitrous fumes and who are suffering from a cough receive medical attention immediately. No worker who has become affected by the fumes should be allowed to return to work without a physician's order. It must be remembered that nitrous fumes have a delayed action.

"9. To insure that all those who may have occasion to be exposed to nitrous fumes are made aware of the poisonous nature of the fumes. Workers must be encouraged to report early symptoms of poisoning.

Responsibility of the Employee

"1. To carry out, in detail, all safety measures which are advised for protection against nitrous fume poisoning.

"2. To make use of ventilation equipment, gas masks and clothing supplied for protection against nitrous fumes and nitric acid and to report to the employer when such equipment is not in good order.

"3. To remember that nitrous fumes are yellow, brown or brownish-red in colour, are VIOLENTLY POISONOUS, and that breathing the fumes is dangerous even though they may not be found irritating at the time.

"4. To report immediately, both to the employer and physician. any signs of irritation after exposure to nitrous fumes."

T.N.T. (Trinitrotoluene) Poisoning

"Trinitrotoluene is a highly poisonous explosive known in industry as T.N.T. It is manufactured by treating liquid toluene with a strong mixture of nitric and sulphuric acids. Pure T.N.T. is a white solid substance, but in industry rarely appears in this pure form. It occurs usually as a yellowish solid which melts at 81° C. (176° F.).

"When T.N.T. is handled in the powdered form, it may become distributed throughout the workroom atmosphere as a fine dust. When the substance is melted and handled in the molten or liquid form, it gives off fumes which gradually become dispersed throughout the workroom atmosphere.

"T.N.T. is inflammable as well as highly explosive. Provided it is not subject to strong shock, it does not readily explode. However, care should be taken in T.N.T. workrooms to avoid sparks due to static electricity. The fumes of molten T.N.T. have a characteristic metallic taste when they are breathed.

Industrial Uses

"The important use of T.N.T. is as an explosive. Hence, most workers manufacturing and processing T.N.T. will be exposed to its poisonous effects.

Poisoning by T.N.T.

"Poisoning by T.N.T. occurs in three ways:

"1. If T.N.T. is in contact with the skin, it will be absorbed through the skin into the body, at the same time possibly giving rise to a skin reaction.

"2. If employees handling T.N.T. are not careful to have their hands thoroughly clean before eating, it is possible that T.N.T. may be taken in with the food and absorbed into the body by way of the stomach.

"3. The most important mode of entry of T.N.T. into the body is by way of the respiratory tract. T.N.T. may be absorbed in this fashion, either as a result of breathing the vapour which arises from the molten T.N.T. or as a result of breathing air containing T.N.T. dust. Molten T.N.T. evaporates on exposure to air and dangerous quantities of the fumes may be present in the air unless evaporation is prevented by using closed vessels.

Skin Reaction

"The skin of some workers will be more readily affected by T.N.T. than that of others. It is not possible to tell beforehand which individual may suffer a skin reaction to this substance. A skin reaction to T.N.T. frequently occurs within the first few weeks of exposure to the material. However, even individuals who have been exposed to T.N.T. for a considerable time are not immune. The wrists, ankles and neck are most frequently affected, since they may be subjected to rubbing with clothing saturated with T.N.T. Redness of the skin, a rash or an eczema may be the signs of the skin reaction.

T.N.T. Sickness

"T.N.T. sickness is apt to occur among workers who have not previously handled the material. Individuals under the age of 18 years and individuals who have suffered from previous stomach trouble should not engage in work with T.N.T.

"It cannot be too strongly stressed that T.N.T. poisoning can develop to a critical stage without the worker being aware for some time that he is being poisoned. Death may even occur without T.N.T. poisoning being suspected as a primary cause.

"A number of signs of T.N.T. sickness may be evident to the individual affected, among which the following may be noted: sneezing, watering of the eyes, chronic cough, catarrh, dryness of the throat, a feeling of fatigue, pains in the legs and feet, headache, stomach pains, vomiting and especially intolerance to alcohol. Blueness of the lips, lack of colour or pallor, stomach disorders and a brown or pink urine are signs to be watched for with especial care.

"A worker who notices any of the afore-mentioned signs should report to a physician and should inform the physician of the exposure to T.N.T. Cases of T.N.T. poisoning should be reported to the employer and to the Provincial Health and Labour Departments, so that adequate steps may be taken to protect other workers.

Treatment

"At the first suspicion of a skin reaction or of sickness, the affected worker should be removed from his exposure to T.N.T. and receive the attention of a physician familiar with T.N.T. poisoning.

Prevention

Responsibility of the Employer

"1. To ensure that no employees under eighteen years of age and no employees who have suffered from gastric disorders shall be allowed to work with T.N.T.

"2. To ensure frequent periodic medical examination of all workers exposed to T.N.T., such examination to be carried out by a physician familiar with the prevention of T.N.T. poisoning. Health records of T.N.T. workers should be kept and medical advice as to the transfer of an affected worker from T.N.T. work to more innocuous duties must be acted upon promptly.

"3. To ensure that all those connected with the manipulation of T.N.T. are made aware of its poisonous nature.

"4. To provide masks and uniforms for workers required to use T.N.T., in accordance with the advice of competent health authorities.

"5. To provide frequent changes of uniform; and to provide solutions of acetone or sodium sulphite (5%) and other washing facilities for T.N.T. workers. No person should be allowed to leave work with T.N.T. adhering to the skin.

"6. To isolate T.N.T. processes and confine T.N.T. dust and vapour within closed vessels, wherever possible.

"7. To remove T.N.T. dust and vapour by exhaust ventilation at the point of origin, when the material requires to be used in open vessels.

"8. To provide adequate ventilation in addition to exhaust hoods for all workrooms in which T.N.T. is being handled.

"9. To ensure that ventilating equipment is operating satisfactorily by having workroom air tested routinely for T.N.T.

Responsibility of the Employee

"1. To carry out in detail all health and safety measures which are advised in connection with the use of T.N.T.

"2. To make use of ventilating equipment, gas masks and other protective devices supplied for protection against T.N.T. and to report when this equipment is not in good order.

"3. To ensure that T.N.T. is thoroughly removed from the skin before eating and before leaving work.

"4. To report physical complaints early. T.N.T. poisoning is insidious in its onset. When a physician is consulted, he should always be told if T.N.T. is being handled, since such information may assist in diagnosis and cure."

If it is the desire of the readers of this article to obtain copies of the above information in pamphlet form they may do so by making application to either this Department, or to the Department of Pensions and National Health, Ottawa.

REPORT OF COMMUNICABLE DISEASES

March 26th to April 22nd

Measles: Total 287—Winnipeg 128, Flin Flon 50, Brandon City 21, South Norfolk 20, Tuxedo Town 8, Arthur 5, Kildonan East 4, Transcona Town 4, Winnipeg Beach 4, Albert 3, Kildonan West 3, St. Boniface City 3, Silver Creek 2, St. Vital 2, Brenda 1, Edward 1, Hamiota Rural 1, Hanover 1, Hillsburg 1, Napinka Village 1, Rivers Town 1, Roblin Rural 1, Rockwood 1, Selkirk Town 1, Shoal Lake Village 1, St. James 1, Turtle Mountain 1, Woodlands 1 (Late Reported: Unorganized 7, Roblin Rural 3, Brandon City 2, Assiniboia 1, Charleswood 1, Hillsburg 1, Winnipeg Beach Town 1).

Mumps: Total 158—Flin Flon 78, Winnipeg 56, Kildonan East 3, Fort Garry 3, Brandon City 2, Swan River Town 2, Coldwell 1, Cypress South 1, Franklin 1, Macdonald 1, Minitonas 1, Rockwood 1, Swan River Rural 1, St. Boniface City 1, Winchester 1, Unorganized 1 (Late Reported: Minitonas 4).

Chickenpox: Total 127—Winnipeg 97, Woodlands 9, Kildonan East 6, Kildonan West 3, St. James 2, Transcona Town 2, Coldwell 1, Dauphin Town 1, Deloraine Town 1, Rapid City 1, Swan River Rural 1, Ste. Anne 1 (Late Reported: Unorganized 2).

German Measles: Total 117—Brandon City 63, Kildonan West 13, Unorganized 12, St. James 7, Kildonan East 4, Lawrence 4, Hamiota Village 3, Hamiota Rural 2, St. Boniface City 1, St. Vital 1 (Late Reported: Brandon City 6, Kildonan East 1).

Scarlet Fever: Total 45—Winnipeg 13, Rivers Town 10, Portage Rural 4, Ste. Rose Village 3, Ethelbert 2, Brandon City 1, Gladstone Town 1, Tuxedo 1, Unorganized 1 (Late Reported: Portage Rural 6, Flin Flon 3).

Tuberculosis: Total 29—Winnipeg 8, Brokenhead 2, Dufferin 2, St. Boniface 2, Unorganized 2, Argyle 1, Cypress North 1, Hanover 1, Lorne 1, Montcalm 1, Portage Rural 1, Russell Rural 1, Selkirk Town 1, Siglunes 1, St. Clements 1, St. James 1, St. Vital 1, Westbourne 1.

Diphtheria: Total 10—Winnipeg 6, Unorganized 2, Lakeview 1 (Late Reported: Mossey River 1).

Erysipelas: Total 10—Winnipeg 3, Teulon Village 2, St. Boniface 1, Ste. Anne 1, Ritchot 1, Portage City 1, Melita Town 1.

Meningococcal Meningitis: Total 6—La Broquerie 1, Lawrence 1, St. Vital 1, Transcona Town 1, Unorganized 1, Winnipeg 1.

Pneumonia Lobar: Total 5—Portage City 1, Ste. Rose Rural 1, Woodlands 1 (Late Reported: St. Clements 1, Unorganized 1).

Influenza: Total 3—Winnipeg 1 (Late Reported: Unorganized 1, St. Boniface 1).

Whooping Cough: Total 3—Carman Town 1, De Salaberry 1, Kildonan West 1.

Encephalitis: Total 2—Winnipeg 1, Westbourne 1.

Typhoid Fever: Total 2—Winnipeg 1 (Late Reported: Unorganized 1).

Puerperal Fever: Total 2—Killarney Town 1 (Late Reported: Lawrence 1).

Ophthalmia Neonatorum: Total 1—Winnipeg 1.

Treaty Indians: Total 9—1940 Cases—Typhoid Fever 2. 1941 Cases—Tuberculosis 6, Measles 1, Diphtheria 1.

Venereal Disease: Total 128—Syphilis 37, Gonorrhoea 91.